



TOWN OF ZIONSVILLE
ZIONSVILLE POLICE DEPARTMENT

1075 Parkway Dr.
Zionsville, Indiana 46077
317-873-5967
Fax: 317-873-8026
Email: www.zionsvillepd.com

APPLICATION INSTRUCTIONS

The Zionsville Police Department is an Equal Opportunity Employer. The Department is interested in good citizens who are seeking a career in law enforcement.

Answer all questions. If the question does not apply to you, mark the question "NA". Any further information you may wish to add may be placed on the reverse side of the page with proper identifying reference indicators. Application will not be considered until complete in every respect. Any false information provided on the application or information omissions will disqualify the candidate from the employment screening process. Any false or omitted application information, which comes to light after employment appointment, will cause for immediate termination. Completed applications will be kept for one full year from the date of employment screening process. After that time, they will be considered inactive and destroyed. Please do not make inquiry regarding the status of your application. You will receive appropriate information concerning the employment screening process and your application routinely and in due time.

MINIMUM REQUIREMENTS FOR ZIONSVILLE POLICE OFFICER APPLICANTS

Applicant should initiate steps to provide copies of the below listed documents and attach them to the completed application.

1. Must be a high school graduate, as evidenced by a transcript issued by an accredited high school. An achievement test certificate from the accredited high school or State Board of Education is acceptable. This includes any forms of higher learning.
2. Shall possess a valid Indiana drivers license (or obtain one within 60 days of becoming an Indiana resident) and have no more than six (6) active points.
3. Shall be an U.S. citizen.
4. Shall be at least 21 years of age, and under the age of 36. (Birth Certificate required)
5. If you have prior military service, proof of discharge. (DD 214)
6. If applicable, Law Enforcement Academy Graduation Certificate.

These copies become the property of the Zionsville Police Department and are not subject to return.

The candidate will be required to undergo a physical examination by a Department appointed physician after offer of employment. The Department will pay for this examination.

I UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND INFORMATION.

Applicants Signature

Date

EMPLOYMENT APPLICATION

Please print legibly (black ink only) or type.

MARITAL STATUS: **Married** **Single** **Widowed** **Divorced**

Fathers Full Name	Address	Phone Numbers
Mothers Full Name (include maiden name)		

*NOTE: Only passport
Style photos taken within
the last six months will be
accepted.*

PERSONAL INFORMATION

1. List all other names you have used including circumstances and time period you Used them. (For example: maiden name, former name(s), alias(es), or nickname(s). Include original documentation of legal name change (i.e. marriage certificate and/or divorce decree).

NAME	CIRCUMSTANCE	DATES FROM MO./YR.	DATES TO MO./YR.

2. Are you a U.S. Citizen? Yes No
If naturalized, list Naturalization Certificate No. _____
Date, Place, and Court _____

2a. If not a U.S. Citizen, list alien registration number _____

2b. Date of Birth: _____

3. Spouse's Name: _____ Spouse's Occupation: _____
Spouse's Maiden Name: _____ Spouse's Social Security # _____
Spouse's Address (if different from your own) Spouse's Date of Birth: _____
Address _____ City _____
County _____ State _____ Zip Code _____

4. Name and address of former spouse(s):

NAME	ADDRESS (Street, City, State)	Phone # (area Code)

EDUCATION/TRAINING/SKILLS

HIGH SCHOOL NAME/ADDRESS	DATE FROM MO./YR	DATE TO MO./YR	YEARS COMPLETED	DID YOU GRADUATE?

COLLEGE/UNIVERSITY NAME/ADDRESS	DATE FROM MO./YR	DATE FROM MO./YR	CREDIT HOURS EARNED	TYPE OF DEGREE	DID YOU GRADUATE?

Criminal Justice Education/Training. Include certificates of basic compliance. Test scores must accompany application.

TYPE OF CERTIFICATE	SCHOOL NAME/ADDRESS	DATE FROM MO./YR	DATE FROM MO./YR	CREDIT HOURS EARNED	DID YOU GRADUATE?

Other Schools (Trade, Vocational, Business or Military):

TYPE OF CERTIFICATE	SCHOOL NAME/ADDRESS	DATE FROM MO./YR	DATE FROM MO./YR	CREDIT HOURS EARNED	AREA OF STUDY

List languages other than English (including sign language) and indicate your knowledge in each area by entering 1 – 5 (5 rated as fluent).

LANGUAGE	Reading	Writing	Speaking	Understanding

Indicate any types of special license such as pilot, radio operator, etc., showing licensing authority, which was first issued, and date current license expires (except vehicle operator's license):

Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, Breathalyzer, speed equipment, firearms, and computers):

EMPLOYMENT HISTORY

List all jobs you have held in the last twenty (20) years; however, **all** law enforcement or corrections experience **Must be included** (paid or unpaid). Place your present or most recent job **first**. If you need more space, you may include additional sheets. Include all part-time, temporary, seasonal and voluntary jobs. Resumes are not a substitute. **ALL SECTIONS MUST BE COMPLETELY FILLED OUT.**

(If any gaps exist in employment, please list (i.e. attending school, unemployed, homemaker, etc.)

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

EMPLOYMENT HISTORY (continued)

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

EMPLOYMENT HISTORY (continued)

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

FROM DATE	NAME OF PRESENT OR MOST RECENT EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE # (AREA CODE)		SUPERVISOR NAME
SALARY BEGIN	CITY, STATE, ZIP CODE	WHY DID YOU LEAVE?		
SALARY END	DESCRIPTION OF DUTIES	NAME OF CO-WORKER		

EMPLOYMENT QUESTIONS

Entire Work History

2. Have you ever been dismissed, forced to resign or asked to resign by an employer? Yes No If yes, please.

DATE	NAME OF EMPLOYER	REASON

3. Have you had any disciplinary action taken against you by any employer? This includes, but is not limited to, written warning(s), written counseling(s), suspension(s) or demotion(s). Yes No If yes, please explain.

DATE	NAME OF EMPLOYER	REASON

4. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes, please explain.

DATE	NAME OF EMPLOYER	REASON

5. Have you ever applied to or performed paid (or unpaid) services for a law enforcement agency not listed as an employer? Yes No If yes, please explain.

DATE	NAME OF AGENCY	POSITION

6. Have you ever submitted an application or been employed by Zionsville Police Department's Office or any other Law Enforcement agency? Yes No If yes, please explain.

DATE	NAME OF AGENCY	POSITION	DATE(S) EMPLOYED

MILITARY HISTORY

1. Have you **ever** served in the Armed Forces of the United States? Yes No
2. Are you now or have you **ever** been a member of a reserve unit or the National Guard? Yes No
- 2a. If yes to #2, you must furnish an original letter of good standing signed by your commanding officer. State the branch of service, name and location of your unit and whether you attend drills, meetings, or camps.

3. Have you **ever** served in the Armed Forces of a foreign country? Yes No If yes, indicate countries and dates.

YOU ANSWERED *NO TO ALL OF THE ABOVE*, GO ON TO THE NEXT PAGE. IF YOU ANSWERED *YES*, PLEASE CONTINUE. ATTACH ADDITIONAL SHEETS IF NEEDED.

4. If you served in the Armed Forces, you must provide copies of all DD214s.

Branch of Service: _____ Highest Rank: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____ From: _____ To: _____

5. Indicate type of discharge: _____
6. Was any type of disciplinary action taken against you in the service? Includes, but not limited to, a letter of reprimand, forfeiture of pay or demotion. Yes No If yes, please provide:

Date _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veterans' preference. **Documentation substantiating your claim must be furnished with this application.**

Are you claiming a veterans' preference? Yes No

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or The unmarried widow or widower of a veteran who died of a service-connected disability

Have you been employed by a city, state or county governmental entity within the State of Indiana, since your discharge? Yes No

Have you claimed and been employed using veterans' preference since October 1, 1987? Yes No If yes, please give name of employer _____

NOTE: Under Indiana law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Indiana Dept. of Veteran's Affairs.

DRIVING HISTORY

1. Are you a licensed Indiana vehicle operator? Yes No License No.: _____
 Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you **ever** held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

STATE	NAME USED	DATE OF LICENSE(S) HELD

3. Have you **ever** been denied issuance of a driver' s license or have you **ever** had a driver' s license suspended or revoked?
 Yes No If yes, please provide complete details including why license was revoked, (use additional paper if needed)

STATE	DATE	REASON/CHARGE	OUTCOME

4. List all vehicles you currently own or operate: (use additional paper if needed).

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	YES NO
					OWN	YES NO
					OWN	YES NO

5. Do you presently have automobile liability insurance in accordance with Indiana State Statutes? Yes NO

If **no**, give details: _____

6. Please provide proof of insurance for vehicles listed in #4 above: (use additional paper if needed).

NAME OF COMPANY	Policy Number	NAME OF AGENT	Address	Phone Number

7. Have you **ever** had automobile insurance withdrawn or revoked or have you **ever** been refused automobile insurance?
 Yes No If yes, give details.

DATE	REASON/CHARGE	OUTCOME

8. List all traffic accidents within the last 7 years, (use additional paper if needed).

DATE OF ACCIDENT	WERE YOU AT FAULT? (yes or no)	EXPLAIN

9. Were any traffic accidents job related? Yes NO If yes, list year occurred and explain.

10. Did job related traffic accidents result in any discipline? Yes NO If yes, please explain

RESIDENCES

List all residences for the past twenty (20) years. List the name, address and phone number of present and prior landlords, if applicable. Attach additional sheet (s) if necessary.

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____			City: _____	
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____			City: _____	
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____			City: _____	
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____			City: _____	
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

RESIDENCES (continued)

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____			City: _____	
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____			City: _____	
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____			City: _____	
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____			City: _____	
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

RESIDENCES (Continued)

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____		City: _____		
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____		City: _____		
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____		City: _____		
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

Month/Year	From: _____	To: _____	Own	Rent
Street Address: _____		City: _____		
County: _____		State: _____	Zip Code: _____	
Landlords Name: _____				
Landlords Address: _____				

REFERENCES

Do not include relatives, former employers or supervisors, or persons living outside the United States or its Territories.

1. Name _____ **Occupation** _____

Address _____
(House/Apt. Number, Street) (City, State) (Zip Code)

How Long Known _____ **Home Phone** _____ **Business Phone** _____
(Include Area Code) (Include Area Code)

2. Name _____ **Occupation** _____

Address _____
(House/Apt. Number, Street) (City, State) (Zip Code)

How Long Known _____ **Home Phone** _____ **Business Phone** _____
(Include Area Code) (Include Area Code)

3. Name _____ **Occupation** _____

Address _____
(House/Apt. Number, Street) (City, State) (Zip Code)

How Long Known _____ **Home Phone** _____ **Business Phone** _____
(Include Area Code) (Include Area Code)

4. Name _____ **Occupation** _____

Address _____
(House/Apt. Number, Street) (City, State) (Zip Code)

How Long Known _____ **Home Phone** _____ **Business Phone** _____
(Include Area Code) (Include Area Code)

5. Name _____ **Occupation** _____

Address _____
(House/Apt. Number, Street) (City, State) (Zip Code)

How Long Known _____ **Home Phone** _____ **Business Phone** _____
(Include Area Code) (Include Area Code)

6. Name _____ **Occupation** _____

Address _____
(House/Apt. Number, Street) (City, State) (Zip Code)

How Long Known _____ **Home Phone** _____ **Business Phone** _____
(Include Area Code) (Include Area Code)

ARREST HISTORY/COURT DATA

If you answer "Yes" to any of the following questions, please explain in the space provided. An affirmative response may not be disqualifying.

1. Have you ever committed a crime for which you were not arrested or convicted? **Yes** **No** **If yes, attach explanation.**

1a. Have you **ever** been charged (plead guilty, nolo contendere) of a crime other than a traffic violation? **Yes** **No**

Crime charged with _____

Police Agency _____ Date _____

Sentence _____

2. Have you **ever** been charged, investigated, arrested or convicted of domestic violence? **Yes** **No**

Crime charged with _____

Police Agency _____ Date _____

Sentence _____

3. Have you **ever** been arrested, charged or given a notice or summons to appear for any criminal violation even as a juvenile? **Yes** **No** (Include any arrest in which the records were sealed or expunged.) If yes, please explain.

4. Have you **ever** received a ticket or been convicted of a traffic violation (exclude parking tickets)? **Yes** **No**

If yes, explain: _____

5. Have you **ever** been detained by any law enforcement agency for any reason? **Yes** **No** If yes, explain.

6. To your knowledge have you **ever** been the subject of, or a suspect in, any criminal investigation? **Yes** **No**
If yes, explain _____

7. To your knowledge, has any member of your immediate family **ever** been arrested for anything other than traffic Violation? **Yes** **No** If yes, indicate below.

NAME	RELATIONSHIP	OFFENSE	WHERE ARRESTED?	DATE

8. Have you **ever** been fingerprinted for any reason (arrest, job application, military, etc.)? **Yes** **No**

NAME OF ORGANIZATION	DATE	PURPOSE OF FINGERPRINTING

9. Have you **ever** been placed on probation? **Yes** **No** If yes, explain _____

MISCELLANEOUS

1. Are you now issued or have you **ever** been issued a license to engage in a business or profession? **Yes** **No**
If yes, explain _____

2. Was your business or occupational license **ever** cancelled, suspended or revoked? **Yes** **No**
If yes, explain _____

3. Do you have any sources of income other than your salary or the salary of your spouse? **Yes** **No**
If yes, provide details _____

4. Are you able to perform the duties set forth in the position description, job posting, and/or position information provided, with or without a reasonable accommodation? **Yes** **No**
5. Do you now, or have you **ever** used, purchased, possessed, supplied or sold marijuana or hashish? **Yes** **No**
 - a. Circumstances _____
 - b. Number of times used, purchased, possessed, supplied and/or sold: _____
 - c. First time used, purchased, possessed, supplied and/or sold: _____
 - d. Last time used, purchased, possessed, supplied and/or sold: _____
6. Do you now, or have you **ever** used, purchased, possessed, supplied, and/or sold **any** narcotic or controlled substance such as, but not limited to, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?
(Exclude lawfully prescribed drugs) **Yes** **No** **If yes, please complete the following:**
 - a. Drug(s) : _____
 - b. Circumstances: _____
 - c. Number of times used, purchased, possessed, supplied and/or sold: _____
 - d. First time used, purchased, possessed, supplied and/or sold: _____
 - e. Last time used, purchased, possessed, supplied and/or sold: _____

ORGANIZATION MEMBERSHIP

1. Are you now or have you **ever** been a member of a Fascist Organization, any Communist Organization(s), Subversive Terrorist Organization or any other organization that discriminates against gender, religion, racial or ethnic background? **Yes** **No**
2. Are you now or have you **ever** been a member or attended meetings of an organization that advocates violence against a group based on religion, racial or other ethnic characteristics? **Yes** **No**
3. Are you now or have you **ever** been a member of any organization, association, movement group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? **Yes** **No**
4. Are you now or have you **ever** been affiliated or associated with any organization of the type referred to in 1 through 3, as an agent, official, or employee? **Yes** **No**
5. Are you now associating with, or have you associated with any individuals, including relatives, and/or present/past in-laws, who you know or have reason to believe are or have been members of any other organizations referred to in questions 1 through 3? **Yes** **No**
6. Have you **ever** been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation in any organizations, social, or other activities of said organizations or any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities? **Yes** **No**
7. Have you **ever** made a financial or other material contribution to any organization of this type described in question 1 – 3 above? **Yes** **No**
8. At the time of your membership, participation, or contribution did you know of any unlawful aims of the organization? **Yes** **No**
9. Did you intend to promote any unlawful aims of those organizations listed in questions 1 through 3?
 Yes **No**

If **yes** to **any** of the answers above, describe the circumstances below. Provide a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

NEIGHBORHOOD REFERENCES

LIST THREE NEIGHBORS YOU HAVE HAD WITHIN THE LAST 3 YEARS

If you cannot list 3 neighbors, you must give the reason why. This is a necessary step in the processing of your application.

NAME	STREET ADDRESS, CITY, STATE AND ZIP CODE	TELEPHONE NUMBER (w/area code)	DATES WHEN THIS PERSON WAS A NEIGHBOR

“REQUIRED FOR SWORN OFFICERS ONLY”

Please use the following space to clarify your answers to any questions in this application. Please refer to page number and question number.

[illegible]



ZIONSVILLE POLICE DEPARTMENT

*1075 Parkway Dr.
Zionsville, Indiana 46077
317-873-5967
Fax: 317-873-8026
Email: www.zionsvillepd.com*

Release of Information

I, _____, have submitted an application for employment with the Zionsville Police Department.

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to duly appointed officers of the Zionsville Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms, corporations and Government agencies for all claims, of any nature, as a result of said communications or disclosure.

Information to be disclosed:

Personal History
Educational Records
Employment Records (past/present, experience, performance, attendance, etc.)
Military Service Records
Financial Records
Criminal History
Organizational Memberships
Medical Records (physical and psychological)
Other information pertaining to suitability for employment with the Department.

These records will be retained on file in the Zionsville Police Department.

Applicant's Signature

Date

_____-_____-_____
Social Security Number

_____/_____/_____
Date of Birth

Zionsville Police Department Representative

ID #